

Museum of the Albemarle

501 South Water Street

Elizabeth City, North Carolina 27909

252-331-4047

Room Rental Contract Sheet

*I have received a copy of the Museum of the Albemarle's room rental policies and procedures. By signing below, I acknowledge that I have read and thoroughly understand the room rental policies and procedures as they apply to my event. I agree to abide by all terms and conditions. I understand that **my reservation will not be booked or confirmed until this page, along with the Facility Rental Application/Invoice, is signed, returned and approved** by the Events Manager, Museum Administrative Officer, and accompanied by the appropriate deposit.*

Event Name: _____

Room Requested _____ # of Guests _____

Date & Time: _____

Contact Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Signature of
Renter: _____

To Be Completed By Museum Staff

Museum Staff: _____

Museum Administrative Officer: _____

Balance Amount: _____ Date paid in full: _____

Date Contract Accepted: _____